Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10,7/2,880

|                                                                                      |                                                                                                                                                                                                                                                                                                                   |                                                |              |                                   |                     | 1011             | 1~         | 100           | <u> </u>                                         |              |                  |                        |  |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------|-----------------------------------|---------------------|------------------|------------|---------------|--------------------------------------------------|--------------|------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |                                                                                                                                                                                                                                                                                                                   |                                                |              |                                   |                     |                  |            | MALL EI       | NTITY                                            | OR           | OTHER<br>SMALL   |                        |  |
| T                                                                                    | OTAL CLAIMS                                                                                                                                                                                                                                                                                                       | ,                                              | 22           |                                   |                     | -                | Г          | RATE          | FEE                                              | 7            | RATE             | FEE                    |  |
| FC                                                                                   | OR .                                                                                                                                                                                                                                                                                                              |                                                |              | NUMBER FILED .                    |                     | NUMBER EXTRA     |            | ASIC FEE      | <del>                                     </del> | OR           | BASIC FEE        |                        |  |
| TC                                                                                   | OTAL CHARGE                                                                                                                                                                                                                                                                                                       | ABLE CLAIMS                                    | DQ/mir       | nus 20=                           | *                   | 2                |            | X\$ 9=        | 18                                               | OR           | X\$18=           |                        |  |
| INC                                                                                  | DEPENDENT CI                                                                                                                                                                                                                                                                                                      | LAIMS                                          | _2 m         | inus 3 =                          | *                   |                  |            | X43=          | 70                                               | 5            | X86=             |                        |  |
| ΜL                                                                                   | JLTIPLE DEPEI                                                                                                                                                                                                                                                                                                     | NDENT CLAIM PI                                 | RESENT       |                                   | 1                   |                  | -          |               |                                                  | OR           |                  |                        |  |
| * 1{                                                                                 | the difference                                                                                                                                                                                                                                                                                                    | o in column 1 is                               | loce than 7/ | less than zero, enter "0" in colu |                     |                  | L          | +145=         |                                                  | OR           | +290=            |                        |  |
| 11                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                                |              |                                   |                     | XIUIIII Z        |            | TOTAL         |                                                  | OR           | TOTAL            | L                      |  |
|                                                                                      |                                                                                                                                                                                                                                                                                                                   | (Column 1)                                     | MENDED       | Colum) - C                        |                     | (Column 3)       | ٤          | SMALL E       | ENTITY                                           | OR           | OTHER<br>SMALL E |                        |  |
| AMENDMENT A                                                                          |                                                                                                                                                                                                                                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE          | ADDI-<br>TIONAL<br>FEE                           |              | RATE             | ADDI-<br>TIONAL<br>FEE |  |
| NON.                                                                                 | Total                                                                                                                                                                                                                                                                                                             | *                                              | Minus        | **                                |                     | =                |            | X\$ 9=        |                                                  | OR           | X\$18=           |                        |  |
| 4ME                                                                                  | Independent                                                                                                                                                                                                                                                                                                       | *                                              | Minus        | ***                               |                     | =                |            | X43=          |                                                  | OR           | X86=             |                        |  |
|                                                                                      | FIRST PRESE                                                                                                                                                                                                                                                                                                       | ENTATION OF ML                                 | JLTIPLE DEF  | PENDENT                           | CLAIM               |                  |            | +145=         |                                                  |              | +290=            |                        |  |
|                                                                                      |                                                                                                                                                                                                                                                                                                                   | 1,4                                            |              |                                   |                     |                  | L          | TOTAL         |                                                  | OR           | TOTAL            |                        |  |
|                                                                                      |                                                                                                                                                                                                                                                                                                                   | (Column 1)                                     | (Column 2)   | AD                                | DIT. FEE            |                  | OR ,       | ADDIT. FEE    |                                                  |              |                  |                        |  |
|                                                                                      | (Column 1) (Column 2                                                                                                                                                                                                                                                                                              |                                                |              |                                   |                     | (Column 3)       | _          |               |                                                  |              |                  |                        |  |
| AMENDMENT B                                                                          |                                                                                                                                                                                                                                                                                                                   | REMAINING<br>AFTER<br>- AMENDMENT              |              | NUMB<br>PREVIO<br>PAID F          | BER<br>DUSLY        | PRESENT<br>EXTRA |            | RATE          | ADDI-<br>TIONAL<br>FEE                           |              | RATE             | ADDI-<br>TIONAL<br>FEE |  |
| NDN                                                                                  | Total                                                                                                                                                                                                                                                                                                             | *                                              | Minus        | **                                |                     | =                | ;          | X\$ 9=        |                                                  | OR           | X\$18≂           |                        |  |
| AME                                                                                  | Independent                                                                                                                                                                                                                                                                                                       | *                                              | Minus        | ***                               |                     | =                |            | X43=          |                                                  | OR           | X86=             |                        |  |
|                                                                                      | FIRST PRESE                                                                                                                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |              |                                   |                     |                  |            | -145=         |                                                  |              | +290=            |                        |  |
|                                                                                      | •                                                                                                                                                                                                                                                                                                                 |                                                |              | •                                 |                     |                  | L.         | TOTAL         |                                                  | OR L         | +29U=            |                        |  |
|                                                                                      |                                                                                                                                                                                                                                                                                                                   |                                                | ADI          | DIT. FEE                          |                     | OR A             | ADDIT. FEE |               |                                                  |              |                  |                        |  |
| $\overline{}$                                                                        | <del></del>                                                                                                                                                                                                                                                                                                       | (Column 1) (Column 1) (Column 1) (Column 1)    |              |                                   |                     | (Column 3)       |            |               |                                                  | -            |                  |                        |  |
| ENT C                                                                                |                                                                                                                                                                                                                                                                                                                   | REMAINING<br>AFTER<br>AMENDMENT                | ·            | NUMB<br>PREVIOL<br>PAID F         | BER<br>USLY         | PRESENT<br>EXTRA | F          |               | ADDI-<br>TIONAL<br>FEE                           |              | RATE             | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                            | Total                                                                                                                                                                                                                                                                                                             | *                                              | Minus        | **                                |                     | =                | ×          | <b>(\$ 9=</b> |                                                  | OR           | X\$18=           |                        |  |
| AME                                                                                  | Independent                                                                                                                                                                                                                                                                                                       | 1                                              | Minus        | ***                               |                     | =                | 3          | (43=          |                                                  | OR           | X86=             |                        |  |
|                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                    |                                                |              |                                   |                     |                  |            |               | ——]                                              | <sup>5</sup> |                  |                        |  |
| * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                   |                                                |              |                                   |                     |                  |            |               | (                                                | OR           | +290=            |                        |  |
| ***!                                                                                 | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |              |                                   |                     |                  |            |               |                                                  |              |                  |                        |  |